

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
<i>C-1-02-101</i>		
<i>DOC 64 12/17/03</i>		
Sent To <b>JOHN L. BARNES 336-955</b>		
Street, Apt. No.; or PO Box No. <b>W.C.I. P.O. BOX 120</b>		
City, State, ZIP+4 <b>LEBANON, OH 45036</b>		